

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 28/12/2020 19:27 (SGT)
Date of Accident 28/12/2020 14:10 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information TOWARDS SLE(BEFORE TURF CLUB AVE) LP 357
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK5014R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KIAN BENG YEO
NRIC No SXXXX256A
Email Address kbyeo45@gmail.com
Mobile Phone No (Phone) +65-97568177
Alternative Phone No +65-97568177

VEHICLE PARTICULARS

Manufacturer BMW
Model 520i
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070091651
Cover Note Number -

DRIVER

Name of Driver KIAN BENG YEO
NRIC No SXXXX256A
Date Of Birth 29/09/1970
Occupation Outdoor

Date Of Driving Pass	30/11/1989
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97568177
Alt. Phone Number	+65-97568177
Email Address	kbyeo45@gmail.com
Address	90 PUNGGOL DRIVE
Address complement	#04-03
Postcode	828794
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU1428R
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG YI SHENG, ALVIN
Contact Number	(Phone) +65-97353832
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's signature
Date & Time:

Insurer's signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

SKETCH PLAN

(A) Sunk 504R
(B) SLU 142PR

Road works BKE to SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/11/2020 @ about 2:10pm, I am travelling along BKE towards SLE. I am travelling on lane (C) going straight within my own lane. There is road works ahead. The front vehicle stop down and stopped. I too stopped. Moments later, I felt an impact on my rear portion. When I got down, I saw that vehicle (B) had onto my rear portion. After the Accident, my vehicle was Jure forward abit without hitting onto the front car.

I feel some pain on my back, and shoulder area will go see a doctor after which

DECLARATION
I/We declare the foregoing particulars are true in every respect.

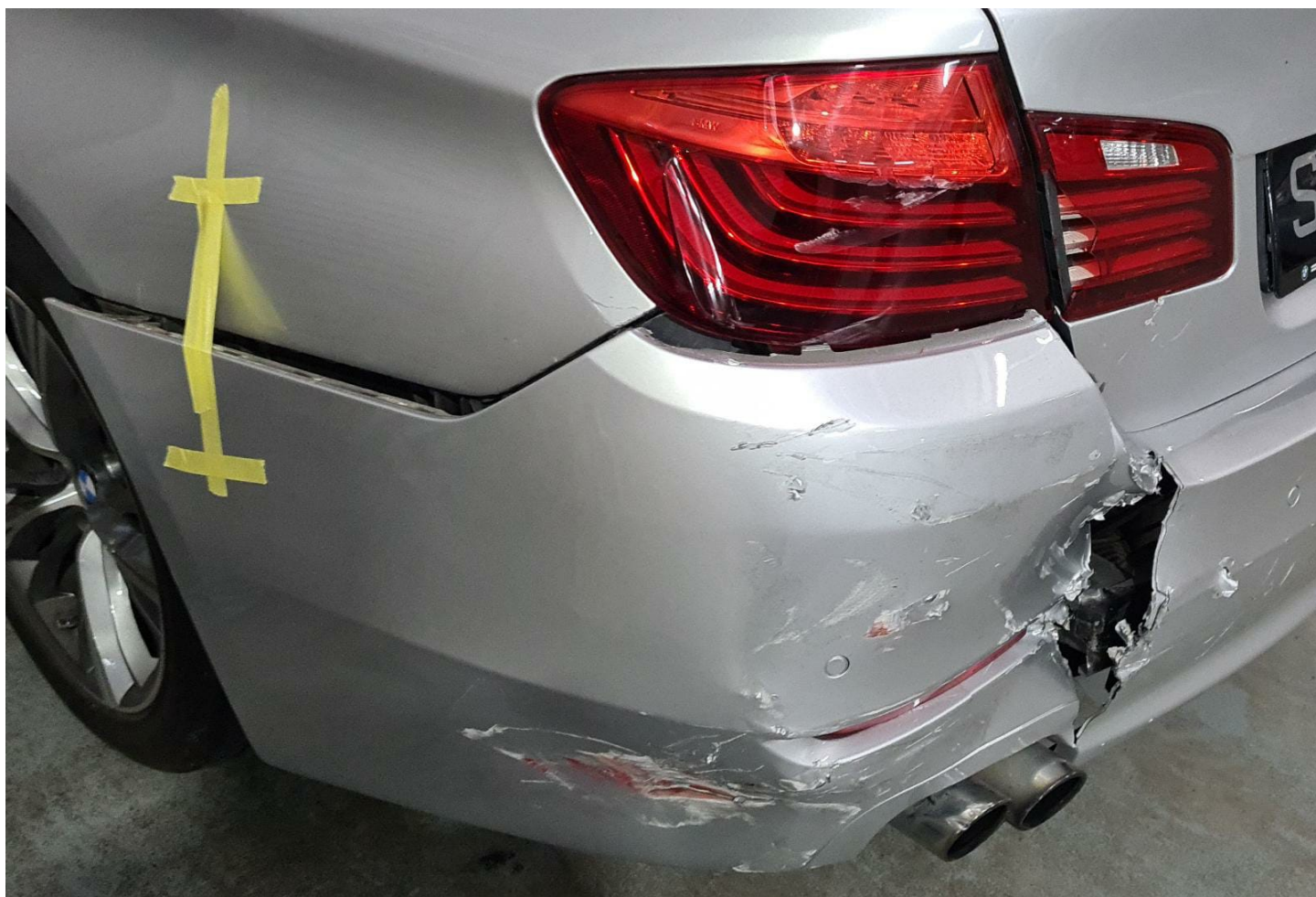
Policyholder's Signature
Date & Time: 28/11/2020 10:10

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/11/2020 10:10

Reporting Officer's Signature
Name: 28/11/2020 10:10
NAIC/PIN No.:

















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #15-00 Singapore 048580
 Tel (65) 6224 0020 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S68559206 / GRT Reg. No.: M400017739

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0820CS000C Vehicle Registration No: SMK 5014 R
 Name (as shown in NRIC): KIRAN BANU YAO NRIC/FIN/Passport No: SXXXX286A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9786877
 Email Address: _____
 Date of Accident: 28/10/2020 Time of Accident: 14:16
 Place of Accident: BK4, TAMPINES SEC. (BEFORE JURE QUM AVK) LP 357
 Insurance Company: BIL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

⑦ REGULAR VEHICLE NUMBER: SMK 5014 R

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: Keld Marlon